

HISTORY FACILITY PROFILE

OAKVIEW LIVING CENTER LLC PROVIDER #: 465138 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 1530 SOUTH 500 WEST PHONE NUMBER: (801) 374-1468 TOTAL: 70
 PROVO UT 84601 PARTICIPATION DATE: 03/07/1994 CERTIFIED: 70 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

| RESIDENT CENSUS ON 06/06/2002 | | LTC ADMISSION/SUSPENSION DATES | | TOTAL CERTIFIED BEDS: 70 | |
|-------------------------------|----|--------------------------------|----|--------------------------|--------|
| TOTAL: | 30 | ADMISSION SUSPENDED: | 18 | 18/19 | 19 |
| MEDICARE: | 1 | SUSPENSION RESCINDED: | -- | ---- | -- |
| MEDICAID: | 24 | | 4 | 66 | ICF/MR |
| OTHER: | 5 | | | | ----- |

CURRENT SURVEY REVISIT DATES - 07/25/2002 06/11/2002

| PRIOR 3 SURVEY 12/1998 | S/S CODE | PRIOR 2 SURVEY 02/2000 | S/S CODE | PRIOR 1 SURVEY 04/2001 | S/S CODE | CURRENT SURVEY 06/06/2002 | S/S CODE | PLAN/DATE OF CORRECT | PROGRAM REQUIREMENTS |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|---------------------------------|-------------|-------------------------|--|
| | | | | X | G | | | | REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC |
| | | | | | | X C | K | 07/12/2002 | REQ F0223-RESIDENTS RIGHT TO BE FREE FROM ABUSE |
| | | | | | | X C | K | 07/12/2002 | REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT |
| | | | | | | X C | K | 07/12/2002 | REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE |
| | | | | | | X C | K | 07/12/2002 | REQ F0226-POLICIES, PROCEDURES PROHIBIT ABUSE, NEGLECT |
| | | | | | | | | | REQ F0241-DIGNITY |
| | | | | | | | | | REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS |
| X | D | X | E | X | E | | | | REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES |
| X | E | | | X | E | X C | E | 07/12/2002 | REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS |
| | | | | X | D | X C | B | 07/12/2002 | REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS |
| | | | | X | G | | | | REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES |
| | | | | | | | | | REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS |
| | | | | X | D | | | | REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE |
| | | | | | | | | | REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED |
| | | | | X | E | | | | REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED |
| X | E | | | X | E | | | | REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC. |
| | | | | X | E | | | | REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS |
| | | | | X | E | | | | REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS |
| X | D | X | E | X | E | | | | REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS |
| | | | | X | E | | | | REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST |
| | | | | X | E | | | | REQ F0444-WASH HANDS WHEN INDICATED |
| | | | | X | E | X C | D | 07/12/2002 | REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY |
| | | | | X | E | | | | REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB |
| | | | | | | X C | K | 07/12/2002 | REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST |
| | | | | X | E | | | | REQ F0494-NURSE AIDE TRAINING/COMPETENCY |
| | | | | X | E | X C | E | 07/12/2002 | REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES |
| | | | | X | E | | | | REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS |
| | | | | | | | | | REQ F0518-TRAIN EMPLOYEES, EMERGENCY PROC/DRILLS |
| | | | | | | X C | K | 07/12/2002 | REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN |

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

| PRIOR 3 SURVEY 10/1998 | PRIOR 2 SURVEY 02/2000 | PRIOR 1 SURVEY 03/2001 | CURRENT SURVEY 06/18/2002 | PLAN/DATE OF CORRECTION |
|------------------------------|------------------------------|------------------------------|---------------------------------|----------------------------|
|------------------------------|------------------------------|------------------------------|---------------------------------|----------------------------|

| | | | | |
|---|---|---|-----|------------|
| | X | X | X C | 07/26/2002 |
| | X | | X C | 07/15/2002 |
| | | | X C | 08/14/2002 |
| | | | X C | 07/23/2002 |
| X | | | X C | 07/19/2002 |
| X | | | | |
| | | | X C | 07/23/2002 |
| X | X | X | X N | |
| X | | X | X C | 07/19/2002 |
| | X | | X C | 07/26/2002 |
| | | | X C | 07/26/2002 |
| X | | | | |
| X | | | | |
| | | | X C | 07/26/2002 |
| | X | | | |
| X | | | | |
| X | X | X | X C | 07/19/2002 |

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
 K0029-HAZARDOUS AREAS - SEPARATION
 K0038-EXIT ACCESS
 K0047-EXIT SIGNS
 K0050-FIRE DRILLS
 K0051-FIRE ALARM SYSTEM
 K0054-SMOKE DETECTOR MAINTENANCE
 K0056-AUTOMATIC SPRINKLER SYSTEM
 K0062-SPRINKLER SYSTEM MAINTENANCE
 K0064-PORTABLE FIRE EXTINGUISHERS
 K0066-SMOKING REGULATIONS
 K0069-COOKING EQUIPMENT
 K0070-SPACE HEATERS
 K0074-COMBUSTIBLE CURTAINS
 K0075-WASTEBASKETS
 K0076-MEDICAL GAS SYSTEM
 K0130-OTHER

| TYPE OF DEFICIENCY | CURRENT SURVEY | PRIOR 1 SURVEY | PRIOR 2 SURVEY | PRIOR 3 SURVEY |
|---------------------------|-------------------|-------------------|-------------------|-------------------|
| CONDITION | 0 | 0 | 0 | 0 |
| REQUIREMENT | 10 | 15 | 8 | 5 |
| HEALTH TOTAL | 10 | 15 | 8 | 5 |
| LIFE SAFETY CODE | 12 | 4 | 6 | 8 |
| LIFE SAFETY CODE + HEALTH | 22 | 19 | 14 | 13 |

COMPLAINT SURVEY INFORMATION

| SURVEY DATE | STATUS |
|-------------|-----------------|
| 02/12/2002 | SUBSTANTIATED |
| 04/03/2002 | UNSUBSTANTIATED |
| 07/18/2002 | UNSUBSTANTIATED |
| 07/25/2002 | SUBSTANTIATED |

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT